FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruction	_	Office use only		
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5		
Haleys PAC					
ADDRESS (number and stre	P.O. Box 1186				
(Check if addres is changed)	s Jackson		MS 39215		
COMMITTEE'S E-MAIL	ADDRESS	CITY▲	STATE▲ ZIP CODE ▲		
	ADDRESS		1		
COMMITTEE'S WEB PA	AGE ADDRESS (URL)				
	<u> </u>				
COMMITTEE'S FAX NU	MBER				
سا لسا	لــــا لـ				
2. DATE 08	1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3. FEC IDENTIFICAT	ON NUMBER	C C00406314			
4. IS THIS STATEME	NT NEW (N) OR	X AMENDED (A)			
I certify that I have examine	ed this Statement and to the best of my kn	owledge and belief it is true, correct a	and complete		
Type or Print Name of Tr	easurer Arnie Hedermar	1			
Signature of Treasurer	Electronically Filed by Arnie Hec	derman	Date 06 / 26 / Y Y Y Y		
NOTE: Submission of false		ay subject the person signing this Sta	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS		
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530			

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5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate						
	Candidate Office House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		Democratic, lepublican,etc.) Party.					
	(e) This committee is a separate segregated fund	This committee is a separate segregated fund					
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.							
6.	Name of Any Connected Organization or Affiliated Committee						
L							
	Mailing Address						
	1	1					
	OITV A CTATE A	71D CODE A					
CITY▲ STATE ▲ ZIP CODE ▲							
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organiza	ation					
	Membership Organization Trade Association Cooperative						

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rite or Type Co	mmittee Name						
Haleys PA	С						
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in cossession of Committee books and records.						
Full Name	Mimi Taylor						
Mailing Address		408 Timber Ridge Way					
		Brandon	MS	39047			
Title or Positio	on 🔻	CITY A	STATE	ZIP CODE A			
	Custodian of R		Telephone number				
Treasurer: I name and a Full Name of Treasurer	List the name and a ddress of any desig	address (phone number optional) of gnated agent (e.g., assistant treasurer	the treasurer of the comm).	ittee; and the			
Mailing Address 2240 Bellingrath Ro		2240 Bellingrath Rd					
	_	Jackson		39211			
Title or Positio	on 🔻	CITY A	STATE	ZIP CODE A			
Treasurer			Felephone number				
Full Name of Designated Agent	Austin Barb	our					
Mailing Addres	ss	20 Woodlawn Dr					
	_	Yazoo City		39194			
Title or Positio	on 🔻	CITY A	STATE A	ZIP CODE A			
	Director		Telephone number				

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9.	Banks or Other Depositories: safety deposit boxes or maintain		, rents
	Name of Bank, Depository, etc.		
	BankPl	us 	
	Mailing Address	385A Highland Colony Pkwy	
		Suite 110	
		Ridgeland MS 39157	7 -
		CITY A STATE A ZIP (CODE A